John Jeffery Price In re Robin Suzanne Price	According to the information required to be entered on this statement
Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: 14-11954	☐ The presumption arises.
(If known)	■ The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	(O)	THLY INC	O	ME FOR § 707(b)('	7) E	EXCLUSION	,	
		tal/filing status. Check the box that applies a		•		•	eme	nt as directed.		
	 a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. □ Married, not filing jointly, with declaration of separate households. By checking this box. 						lehta	or declares under	ne	nalty of
	ŗ	perjury: "My spouse and I are legally separate	ed u	nder applicable	non	-bankruptcy law or my	spou	ise and I are livin	ig a	part other than
2		for the purpose of evading the requirements of (ncome'') for Lines 3-11.	f§7	707(b)(2)(A) of	the	Bankruptcy Code." Con	nple	te only column	A ("Debtor's
		Married, not filing jointly, without the decla	ırati	on of separate h	ous	eholds set out in Line 2.	b ab	ove. Complete h	otl	h Column A
	("Debtor's Income") and Column B ("Spou	use's	s Income") for	Lin	es 3-11.				
		Married, filing jointly. Complete both Colu					''Sp		fo	
		gures must reflect average monthly income re dar months prior to filing the bankruptcy case						Column A		Column B
		ling. If the amount of monthly income varied			ths,	you must divide the		Debtor's Income		Spouse's Income
2		onth total by six, and enter the result on the a					+			
3		s wages, salary, tips, bonuses, overtime, cor				T: 16 T: 1	\$	0.00	\$	0.00
		ne from the operation of a business, profess the difference in the appropriate column(s) of								
	busine	ess, profession or farm, enter aggregate numb	ers	and provide det	ails	on an attachment. Do				
4		nter a number less than zero. Do not include ne b as a deduction in Part V.	any	part of the bu	sine	ess expenses entered				
7		ne b us a deddetton in 1 are v.		Debtor		Spouse				
	a.	Gross receipts	\$		00	\$ 0.00				
	b. c.	Ordinary and necessary business expenses Business income	\$	btract Line b from		\$ 0.00	\$	0.00	ф	0.00
	_	and other real property income. Subtract I					Ф	0.00	Ф	0.00
		oppropriate column(s) of Line 5. Do not enter a								
	part o	of the operating expenses entered on Line b	as		Par					
5	a.	Gross receipts	\$	Debtor	.00	\$ 0.00				
	b.	Ordinary and necessary operating	\$.00					
		expenses	-	1			Φ.	0.00	Φ.	0.00
	c.	Rent and other real property income	Su	btract Line b fro	om I	Line a	\$	0.00		0.00
6		est, dividends, and royalties.					\$	0.00		0.00
7		on and retirement income.			_		\$	0.00	\$	0.00
		amounts paid by another person or entity, oneses of the debtor or the debtor's dependen								
8		ose. Do not include alimony or separate main								
	•	e if Column B is completed. Each regular pa syment is listed in Column A, do not report th	•		•	-	\$	0.00	\$	0.00
	<u> </u>	ployment compensation. Enter the amount	_	•			Ψ		Ψ	
	Howe	ever, if you contend that unemployment comp	ens	ation received b	у у	ou or your spouse was a				
9		it under the Social Security Act, do not list th but instead state the amount in the space belo		nount of such co	omp	ensation in Column A				
	l r	mployment compensation claimed to	***							
		benefit under the Social Security Act Debtor	r \$	0.00	Spo	ouse \$ 0.00	\$	0.00	\$	0.00
		ne from all other sources. Specify source an								
		eparate page. Do not include alimony or sepse if Column B is completed, but include all								
		tenance. Do not include any benefits received								
received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.										
	dome	suc terrorism.		Debtor		Spouse				
	a.		\$			\$				
	b.		\$			\$				
		and enter on Line 10					\$	0.00	\$	0.00
11		otal of Current Monthly Income for § 707(bumn B is completed, add Lines 3 through 10					\$	0.00	\$	0.00

Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		0.00
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	0.00
Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
a. Enter debtor's state of residence: WA b. Enter debtor's household size: 2	\$	63,409.00
Application of Section 707(b)(7). Check the applicable box and proceed as directed.		
top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		ot arise" at the
	Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. Part III. APPLICATION OF § 707(b)(7) EXCLUSION Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: WA b. Enter debtor's household size: 2 Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. Part III. APPLICATION OF § 707(b)(7) EXCLUSION Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: WA b. Enter debtor's household size: 2 Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Check the box for "The presumption does not be amount on Line 14. Ch

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete 1 arts 1 v,	v, vi, and vii of this	statement only if requ	in ed. (See Line 1.)• <i>)</i>
	Part IV. CALCULA	ATION OF CURREN	T MONTHLY INCOM	ME FOR § 707(b)(2)
16	Enter the amount from Line 12.				\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines bell spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer a. b. c. d. Total and enter on Line 17	regular basis for the househ ow the basis for excluding to support of persons other th purpose. If necessary, list ac	old expenses of the debtor or he Column B income (such a an the debtor or the debtor's	the debtor's as payment of the dependents) and the	\$
18	Current monthly income for § 70	7(b)(2). Subtract Line 17 fo	om I ine 16 and enter the res	anlt	\$
	-		EDUCTIONS FROM		
			ds of the Internal Reven		
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$		
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person Allowance per person					
	b1. Number of personsc1. Subtotal	b2. c2.	Number of persons Subtotal		\$
20A	Local Standards: housing and util Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom ye	lities; non-mortgage expenses for the applicable of from the clerk of the bankru allowed as exemptions on y	ises. Enter the amount of the ounty and family size. (This uptcy court). The applicable f	s information is family size consists of	\$

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20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.				
	 a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \lefta 1 & \lefta 2 \text{ or more.} \] If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1				
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.				
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,				

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	pay purs		Enter the total monthly amount that you are required ency, such as spousal or child support payments. Do Line 44.	
29	Enter the	e total average monthly amount that you actuall	nt or for a physically or mentally challenged child. y expend for education that is a condition of employn ntally challenged dependent child for whom no public	nent
30			average monthly amount that you actually expend on reschool. Do not include other educational paymen	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.			y
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			ich as
33	Total E	xpenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$
	-	Subpart R: Addition	onal Living Expense Deductions	•
		<u>=</u>	penses that you have listed in Lines 19-32	
		gories set out in lines a-c below that are reasona	Savings Account Expenses. List the monthly expensely necessary for yourself, your spouse, or your	es in
34	a.	Health Insurance	\$	
	b.	Disability Insurance	\$	
	c.	Health Savings Account	\$	\$
	Total an	d enter on Line 34.		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			ically
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you			

38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				
39	Additional food and clothing expense. Enter the total average monthly an expenses exceed the combined allowances for food and clothing (apparel ar Standards, not to exceed 5% of those combined allowances. (This informati or from the clerk of the bankruptcy court.) You must demonstrate that th reasonable and necessary.	nd services) in the IRS National on is available at www.usdoj.gov/ust/	\$		
40	Continued charitable contributions. Enter the amount that you will contifinancial instruments to a charitable organization as defined in 26 U.S.C. §		\$		
41	Total Additional Expense Deductions under § 707(b). Enter the total of	Lines 34 through 40	\$		
	Subpart C: Deductions for De	ebt Payment			
42	Future payments on secured claims. For each of your debts that is secured own, list the name of the creditor, identify the property securing the debt, st check whether the payment includes taxes or insurance. The Average Month scheduled as contractually due to each Secured Creditor in the 60 months for case, divided by 60. If necessary, list additional entries on a separate page. Payments on Line 42.	ate the Average Monthly Payment, and hly Payment is the total of all amounts ollowing the filing of the bankruptcy			
	Name of Creditor Property Securing the Debt	Average Monthly Does payment include taxes or insurance?			
	a.	\$ □yes □no Total: Add Lines	\$		
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a.				
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					
45	Chapter 13 administrative expenses. If you are eligible to file a case under chart, multiply the amount in line a by the amount in line b, and enter the results. a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	sulting administrative expense.			
	c. Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$		
46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$		
Subpart D: Total Deductions from Income					
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines	s 33, 41, and 46.	\$		
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION			
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2)	2))	\$		
49	49 Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					
	Initial presumption determination. Check the applicable box and proceed as directed.					
52	The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of p statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (I	Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not aris 1 of this statement, and complete the verification in Part VIII.	se" at the top of page				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumpt of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	ion arises" at the top				
	or page 1 or any state and compress the continuous in 1 and 1 120 and any also compress 1 and 121					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income u 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.	nder §				
	Expense Description Monthly Amount	nt				
	a.	_				
	b. \$ c. \$	-				
	d. \$					
	Total: Add Lines a, b, c, and d \$					
Part VIII. VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors					
	must sign.) Date: April 4, 2014 Signature: /s/ John Jeffery Price					
	John Jeffery Price					
57	(Debtor)					
	Date: April 4, 2014 Signature /s/ Robin Suzanne Price					
	Robin Suzanne Price					
	(Joint Debtor, if an	y)				

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2013 to 02/28/2014.

Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

6 Months Ago:	09/2013	\$2,076.90
5 Months Ago:	10/2013	\$2,076.90
4 Months Ago:	11/2013	\$2,076.90
3 Months Ago:	12/2013	\$2,076.90
2 Months Ago:	01/2014	\$2,076.90
Last Month:	02/2014	\$2,076.90
_	Average per	\$2,076.90
	month:	

Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

111001110 0 3 1110111111		
6 Months Ago:	09/2013	\$888.90
5 Months Ago:	10/2013	\$888.90
4 Months Ago:	11/2013	\$888.90
3 Months Ago:	12/2013	\$888.90
2 Months Ago:	01/2014	\$888.90
Last Month:	02/2014	\$888.90
_	Average per	\$888.90
	month:	